

Reserved

All missing information could possibly entail a delay.

<input type="checkbox"/> Payment agreement	<input type="checkbox"/> Add on (fill sections 1, 7 and 8)	<input type="checkbox"/> Agreement with proxy	<input type="checkbox"/> Compensatory Work
<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Other : _____	Agreement no : _____	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Other : _____	

1. Identification

Last name :	First name :
Address :	Apartment (if applicable) :
City :	Postal Code :
Telephone : () -	Birth date : YY MM DD
Driver's license no (Quebec) :	

2. Residence

2.1 Are you...

<input type="checkbox"/> Owner/Mortgage :	\$/Monthly	<input type="checkbox"/> Other	
<input type="checkbox"/> Tenant/Rent :	\$/Monthly		
If NOT, are you living with :	<input type="checkbox"/> Relative	<input type="checkbox"/> Room and board : \$/Monthly	<input type="checkbox"/> Homeless

3. Income

3.1 Are you currently employed? Yes No (go to section 3.2)

Employer's name :	Telephone : () -
Complete address of work place :	
City :	Postal Code :
Salary : \$/weekly or annual (<input type="checkbox"/> Full time / <input type="checkbox"/> Part time)	How many hours per week :

3.2 Other income :

<input type="checkbox"/> Social assistance	\$/Monthly	<input type="checkbox"/> CSST :	\$/bi-weekly
<input type="checkbox"/> Student bursary :	\$/Monthly	Student <input type="checkbox"/> Full time / <input type="checkbox"/> Part time	<input type="checkbox"/> Pension : \$/Monthly
<input type="checkbox"/> Employment insurance :	\$/Monthly	<input type="checkbox"/> Other :	\$/Monthly

4. Assets

4.1 Do you own one or more vehicles?

<input type="checkbox"/> Yes (how many? : _____)	<input type="checkbox"/> No (go to section 5)	
Make :	Model :	Year :
Registration no :	Registration no :	

4.2 Co-ownership : Yes No

If YES, write full name of co-ownership :

5. Expenses

Describe all pertinent information to your financial situation :

(Ex : debt, bankruptcy, alimony)

6. Payment (if you are requesting compensatory work, go to section 8)

I would like to propose a monthly payment of \$ _____ .

7. Additional files – Reevaluation of your financial situation

<input type="checkbox"/> Same information	- or -	<input type="checkbox"/> Change : <small>(new address, new situation)</small>
<input type="checkbox"/> Modification of the monthly payment :		
- <input type="checkbox"/> Revised monthly payment : \$ _____		
- <input type="checkbox"/> Payment due date : YY MM DD		
<input type="checkbox"/> Other :		
Comments :		
Date : YY MM DD	Signature :	

8. Declaration

I solemnly swear that all the information in the present document is truthful and complete and I hereby authorize Ville de Montréal to do any verification necessary.

A false declaration will result in the refusal or cancellation of any payment agreement or compensatory work agreement.

Sworn before me, on this DD day of MM 20 YY.

Defendant
(Signature)

Authorized Agent
(Commissioner of oath)

Reserved

Documents présentés au soutien de la demande.

Preuve d'aide sociale Relevé d'assurance-emploi Relevé de prêt/bourse Lettre parentale/preuve d'adresse Relevé bancaire

Autre(s) :

Remarque : _____

Autorisé Refusé Commentaires :

Signature de l'agent principal : _____ Date : YY | MM | DD